MMA Waiver Update

DBHS has confirmed the date for re-imbursement of claims through the waiver has been extended through March 31, 2006 (originally March 8th).
As a result, RBHAs will now be able to seek reimbursement for dates of service 01/01/2006 through 03/31/2006. Also, DBHS is in the process of obtaining the specific requirements to submit reimbursement for state funds used during the transition for dual eligible members under the waiver.

Medicare Dual Eligible Members

When a person with Medicare is also eligible for Medicaid (dual eligible) is in a medical institution that is funded by Medicaid for a full calendar month, he/she is not required to pay co-payments for their Medicare covered prescription medications for the remainder of the calendar year. The provider types listed below have been identified as those that must notify AHCCCS when a dual eligible person enters an institution that is paid for by Medicaid for what is expected to be at least a full calendar month. The form used to notify AHCCCS can be located on-line in the Provider Manual Section (Forms and Attachments, Section 3.21) and should be faxed to AHCCCS as soon as it is determined that a member is expected to be in a medical institution that is funded by Medicaid for a full calendar month.

Do not wait until the member has been discharged from the medical institution to submit the form.

MEDICAL INSTITUTIONS (Provider Type)

* Acute Hospital (PT 02)
* Psychiatric Hospital-Non IMD(PT 77)
* RTC Non IMD (PT 78, B3)
* ICF MR (PT 22)
* Psychiatric Hospital–IMD (PT 71)
* RTC-IMD (PT B1, B3)
* SNF (PT 22)

Completed forms should be faxed to:

AHCCCS
Members File Integrity Section (MFIS)
(602) 253-4807

NPI-National Provider Identifier

Starting in May 2007 all submissions to AHCCCS will require the NPI to be used as the health care provider identifier.

An electronic mailbox has been established for providers to forward a copy of their NPI notification via e-mail. The current AHCCCS provider ID number also needs to be included in the e-mail for identification purposes. The e-mail address is nationalproviderid@azahcccs.gov

Effective May 23, 2007 all claims and encounters must be submitted with the NPI when applicable.

Providers can obtain additional information about NPI at www.cms.hhs.gov/hipaa/hipaa2. This site contains Frequently Asked Questions and other information related to the NPI and other HIPAA standards

When Do I Need to Submit My Encounter?

All encounters must be submitted to CIS no later than 210 days from the last day of the month in which the service was rendered. This filing time limit applies to resubmissions as well as first time submissions.

Encounters that fail the pre-processor edits are subject to the timeliness requirements. Information regarding encounter submission timelines can be found on the ADHS/DBHS website in the Office of Program Support Procedure Manual
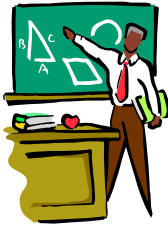
Training

The Office of Program Support is now offering training to the RBHAs for CIS pre-processor edits and AHCCCS pended encounter errors. The training will be used to teach RBHA staff how to research claims/encounters using CIS and PMMIS. The objective of the training is to ensure the RBHAs are given the resources they need to accomplish resubmitting encounters through CIS and correcting their monthly AHCCCS pends. If interested, the RBHAs are encouraged to contact their RBHA Representative for more information. The RBHAs should also contact their RBHA Representative with suggestions for other training they would like offered.

Check Register Review Process

In an effort to mirror AHCCCS' process for reviewing the submission of complete, accurate, and timely encounter data, the DBHS Office of Program Support will perform a check register review of selected paid Fee-For-Service claims for all RBHAs on a quarterly basis according to the Quarterly Check Register Review schedule listed below.

Following e-mailed notification from OPS on the first day of quarterly review month, the RBHA must follow timeframes specified by OPS for the submission of Fee-For-Service check registers and paid claim information. The T/RBHA Representative will then review the submitted information for completeness, accuracy, and timeliness, and will provide the RBHA with the outcome of the Check Register Review in a timely manner.

Quarterly Review Month	Check Register Month
March 2006	September 2005
June 2006	December 2005
September 2006	March 2006
December 2006	June 2006

All questions regarding the Quarterly Check Register Review process can be addressed to your respective RBHA Representatives.

!! Edit Alerts !!

An Edit alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit alerts will be distributed when the information is first made available and again with the following monthly publication of the Tidbits.

New/Changed Edit Alert

Tracking_Number: 43   Implemented: ☐

Reference Title: 4 byte Revenue Codes - Revised

Notification Date: November 10, 2005

Description:

In accordance with AHCCCS capabilities to accept and process 4 digit (byte) revenue codes on encounters, CIS will require all RBHAs to submit 4 digit revenue codes on encounters effective dates of service 6/1/2005 forward.

CIS has been capable of accepting a 4 digit revenue code since the HIPAA conversion and will continue to process encounters submitted with and without the fourth digit for dates of service prior to 6/1/06, however for dates of service 6/1/06 forward 3 digit revenue codes will be rejected for pre-processor edit N86-Revenue Code Missing or Invalid

Examples of 4 digit revenue codes:

Revenue code 114 should be reported as 0114
Revenue code 124 should be reported as 0124

In addition to placing a zero in front of old 3 digit revenue codes there are new revenue codes that are in the May 04 UB92 manual update that may be used.

Coding Q & A

Q The definition of CPT code 96102 states "Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician

time, face-to-face". Who qualifies as a technician? How is this service different than 96101(Psychological testing per hour of psychologist's or physician's time both face-to-face with the patient and time interpreting test results and preparing the report)?

A The psychiatrist or psychologist would determine if the technician used to administer the test is qualified. The technician does not encounter for administering the test. The following are examples of how 96101, 96102 and 96103 should be billed:

Example 1: The psychologist conducts a comprehensive assessment including 4 hours of testing, 2.5 hours of scoring and interpretation and 4.5 hours of report writing. She/He should bill for 11 hours under code 96101.

Example 2: A psychological assistant spends 3 hours testing a patient. The psychologist spends 30 minutes with the patient and then 2.5 hours interpreting the data and 3 hours writing the report. She/He should bill for 3 hours under 96102 and 6 hours under 96101.

Example 3: A psychologist uses a computer to administer several inventories and spends 2 hours with the patient. The psychologist then spends an additional hour with the patient and 5 hours interpreting the data and writing the report. She/He bills for 6 hours under 96101 and one unit of 96103 (this is a flat rate code, not per hour).

Help!!!
How Do I Fix This Edit?

PMMIS Edit N027
Drug not eligible for Medicaid Service

A reference table problem at AHCCCS caused false pends for edit N027. There is no need to work any pends that are barbiturate or benzodiazepine therapeutic class drugs. Any encounters pending that meet the above criteria will be cleared during the April encounter processing cycle.

Any encounters pending for N207 that are not barbiturate or benzodiazepine therapeutic class drugs will need to be worked by the RBHA.

User Access Request Forms
The Corporate Compliance Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution system, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736.

For questions or more information, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov.

New Staff
Please join the Office of Program Support in welcoming our newest Technical Assistance Representative Dennise Gray. Dennise comes to us most recently from the Department of Economic Security and has several years of experience in a behavioral health environment. Dennise has been assigned as the new T/RBHA Representative for CPSA.

Who Do I Call??

If you need assistance please contact your assigned T/RBHA Representative

Dennise Gray	CPSA 3&5	(602) 364-4677 grayd@azdhs.gov
Barbara Carr	Cenpatico 2&22	(602) 364-4734 carrb@azdhs.gov
Eunice Argusta	NARBHA Gila River Navajo Nation Pascua Yaqui	(602) 364-4711 arguste@azdhs.gov
Javier Higuera	ValueOptions	(602) 364-4712 higuerj@azdhs.gov